FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21323** **(1)**

1. Corporation Name
PEGASUS AIRWAVE INC.

Principal Place of Business	Mailing Address
5300 BROKEN SOUND BLVD. STE 100 BOCA RATON FL 33487 US	5300 BROKEN SOUND BLVD. STE 100 BOCA RATON FL 33487-3520 US

3. Date Incorporated or Qualified: 10/17/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 5300 Broken Sound Blvd.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Boca Raton Florida
Zip 24 33487 Country 25 USA

2a. Mailing Address
26 5300 Broken Sound Blvd.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Boca Raton Florida
Zip 29 33487 Country 30 USA

4. FEI Number: 36-3606414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, R. GEOFFREY D.		1.2 NAME		
STREET ADDRESS	WATERBERRY DR., WATERLOOVILLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HANTS PO		1.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TOPPER, RONALD J.		2.2 NAME		
STREET ADDRESS	5300 BROKEN SOUND BLVD. STE 100		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZAJICEK, DAVID E.		3.2 NAME		
STREET ADDRESS	ONE MID AMERICA PL #1000		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAKBROOK TERRACE IL		3.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEBB, MARTIN		4.2 NAME		
STREET ADDRESS	WATERBERRY DR., WATERLOOVILLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HANTS PO		4.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, RICHARD A. R.		5.2 NAME		
STREET ADDRESS	5300 BROKEN SOUND BLVD. STE 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KRAUSE, JUANA		6.2 NAME		
STREET ADDRESS	5300 BROKEN SOUND BLVD. STE 100		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juana Krause-Controller 3/20/97 (561) 989-9898